ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	7059/	12/4
O.I.P.E. CLASSIFIER		17	12/9
FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim		Date									
Final	Original	4-8-02	11-25-02	7-31-03	5-5-04						
①	✓	✓	✓	✓							
2	✓	✓	✓	✓							
3	✓	✓	✓	✓							
④	N	✓	✓								
5	✓	✓	✓								
6	✓	✓	✓								
7	✓	✓	✓								
8	✓	✓	✓								
9	✓	✓	✓								
10	✓	✓	✓								
⑪	N	✓	✓								
12	✓	✓	✓								
13	✓	✓	✓								
14	✓	✓	✓								
⑮	N	✓	✓								
16	✓	✓	✓								
17	✓	✓	✓								
18	✓	✓	✓								
⑲		✓	✓								
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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